

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Sheila M. Vargas II. Name of lobbyist's partnership, firm or corporation, if any:			
(Name of pa	rtnership, firm or corporation)	1000 (A 14 ha)	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
()	()	e-mail	
(Telephone)	()(Fa	x)	
reportable expense transact	ions which are not attributable	orts for each client, OR you made to any one client). The the reporting date relative to the	
New Futures, Inc		. 0	Ŭ
(Full)	Name of Client as it appears on the L	obbyist Registration Form)	
<u>OR</u>			
unrelated to any particular cli		bbyist's family), or the lobbying	; firm listed below which are
	126, 2017	July 26, 2017 4 activity from 4/1/17 to 6/30/17	
	ber 25, 2017	January 31, 2018 [] <i>activity from 10/1/17 to 12/31/</i>	717
		le transactions made since the secretary of State's Office, St	
VI. Check if additional repo	rts are attached:		
☐ If you have received fees	or made expenditures, you must	file Addendum A- Fees and Ex	rpenses
☐ If you have paid an hono Expense Reimbursement	arium or reimbursed expenses, y	ou must file Addendum B – Rep	port of Honorariums or
☐ If you, your firm, or your	family has made political contri	butions, you must file Addendu	m C- Political Contributions
Sworn Statement/Affirmating I have read RSA 15, RSA 15 and complete to the best of many (Signature of lobbyist) Sheila M. Vargas (Print Name of lobbyist)	B, RSA 14-C and RSA 664 and	hereby swear or affirm that the f	Foregoing information is true